STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29C0001050	A. BUILDING _____ B. WING _____	02/05/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSTITUTE OF ORTHOPAEDIC SURGERY LLC	2800 E DESERT INN ROAD LAS VEGAS, NV 89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Q 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Medicare recertification survey conducted at your facility on February 4 through February 5, 2010, in accordance with 42 Code of Federal Regulations (CFR) 416 Subparts A through C, Requirements for Ambulatory Surgery Centers. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	Q 000		
Q 243	416.51(b)(1) INFECTION CONTROL PROGRAM - DIRECTION The program is - Under the direction of a designated and qualified professional who has training in infection control. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the infection control program was supervised by a qualified, trained professional. Findings include: In the morning of 2/5/10, an interview was conducted with the Administrator and the Sterile Processing Technician, Employee #12. The	Q 243	**Plan of Correction Q 243** ***What corrective action(s) will be accomplished for those found to have been affected by the deficient practice?*** The Operating Room Supervisor, a registered nurse, having successfully completed "Training in Infection Control for Professionals in Ambulatory Surgical Settings" on February 9, 2010 and having a broad knowledge of the facility's infection control program, has been designated by the Medical Executive Committee to direct the Infection Control Program for the facility as of February 23, 2010 ***How the facility will identify others having the potential for the same deficiency?*** The Operating Room Supervisor will maintain this responsibility and participate in continuing education activities to remain knowledgeable and qualified in this area. ***What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur?*** Any change in personnel for this position will require similar qualifications and designation by the Medical Executive Committee for that specific individual. ***How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?*** The administrator will report any changes to the Medical Executive Committee	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Robert Hyde — Administrator — 3/26/2010

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q 243	Continued From page 1 administrator indicated Employee #12 was the designated Infection Control person. The administrator added, Employee #12 spent 40 hours per week dedicated to infection control issues. Employee # 12's daily responsibilities included disinfecting and sterilizing all surgical equipment. Review of Employee #12's personnel file revealed Employee #12 was not a licensed professional and had minimal training in infection control, other than sterilization and maintenance of surgical equipment. In the afternoon of 2/5/10, the Operating Room supervisor indicated he gathered the Infection Control data and reported this information to the Quality Improvement Committee. There was no documented evidence a qualified professional was approved by the governing board to function as the designated Infection Control professional.	Q 243	**Plan of Correction Q 243 - Continued** ***Responsible party for accomplishing and/or monitoring compliance with the corrective action:*** The Medical Executive Committee. ***Date of completion:*** February 23, 2010	
Q 245	416.51(b)(3) INFECTION CONTROL PROGRAM - RESPONSIBILITIES The program is - Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement. This STANDARD is not met as evidenced by: Based on observation, interview and policy review, the facility failed to ensure measures were implemented and followed to prevent the	Q 245	**Plan of Correction Q 245** ***What corrective action(s) will be accomplished for those found to have been affected by the deficient practice?*** Sharps containers will be checked by nursing staff at the beginning and end of each day. Containers that are ¾ full will be replaced per existing policy. Antiseptic solution will be readily available in each operating room and will be used per protocol. ***How the facility will identify others having the potential for the same deficiency?*** By assigning staff both at the beginning and end of the day to monitor sharps levels, mutual accountability will occur. Staff are to observe others around them in the operating room and instruct them in the event that they do not follow proper protocol. ***What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur?*** Supervisors will perform additional in-service education on hand washing/sanitizing and sharps protocol.	

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Q 245	Continued From page 2 spread of infection. Findings include: On 2/4/10 in the morning, the sharps container in the pre-operative area was observed to be above the full line. On 2/4/10 at 10:15 am, the sharps container in Operating Room #4 was observed to be at the full line. The circulating room nurse was observed having difficulty placing a syringe in the sharps container and had to open and close the container lever several times before the syringe was able to fall inside the container. On 2/4/10 at 10:00 am, a surgical procedure was observed on Patient # 2 in Operating Room #4. During the procedure, at 10:40 AM, the circulating nurse counted several bloody, soiled, contaminated gauze four by four's (4x4's), which were used during the procedure, with gloved hands. She then removed her gloves and did not wash her hands or use antiseptic solution. She proceeded to obtain sterile needles and 4x4's and placed those items on the sterile field. At 10:55 am, the circulating nurse opened the trash container with her gloved hands. She did not change her gloves. She obtained another sterile needle and suture and gave these items to the surgical technician. She then proceeded to place 2 packs of syringes into the storage cabinet in Operating Room #4. The facility policy titled, "Hand Protocol", dated 7/2009 indicated - "All personnel will perform handwashing decontamination at these times: ...Before putting on gloves and immediately after	Q 245	**Plan of Correction Q 245 - Continued** ***How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?*** Supervisors will perform random spot checks to verify adherence to policy for both sharps containers and hand protocol. ***Responsible party for accomplishing and/or monitoring compliance with the corrective action:*** Operating Room Supervisor Pre/Post Anesthesia Care Unit Supervisor ***Anticipated date of correction:*** March 24, 2010 RECEIVED MAR 2 6 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	

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Q 245	Continued From page 3 removal of gloves" On 2/5/10, in the morning, an interview with the nursing supervisor revealed the sharps containers should be changed prior to reaching the full line. The supervisor indicated the trash bins should not be opened by hand, since they do have foot pedals. The staff was required to wash their hands, or use antiseptic solution after removing contaminated gloves and prior to applying new gloves or touching sterile packages.	Q 245		